

FREEDOM HEALTH

Formulary Changes- May 2023

The table below outlines formulary changes for the AFC Diabetes Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
5/1/2023	DUPIXENT 100 MG/0.67ML SOLN PRSYR	Formulary Addition		Tier 4	PA; QL (1.34 per 28 days)
5/1/2023	DUPIXENT 200 MG/1.14ML SOLN PRSYR	Formulary Addition		Tier 4	PA; QL (4.56 per 28 days)
5/1/2023	DUPIXENT 300 MG/2ML SOLN PEN	Formulary Addition		Tier 4	PA; QL (8 per 28 days)
5/1/2023	DUPIXENT 300 MG/2ML SOLN PRSYR	Formulary Addition		Tier 4	PA; QL (8 per 28 days)
5/1/2023	EPCLUSA 150-37.5 MG PACKET	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
5/1/2023	EPCLUSA 200-50 MG PACKET	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
5/1/2023	EPCLUSA 200-50 MG TAB	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
5/1/2023	EPCLUSA 400-100 MG TAB	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
5/1/2023	ERLEADA 240 MG TAB	Formulary Addition		Tier 4	PA
5/1/2023	GILENYA 0.25 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
5/1/2023	ICATIBANT ACETATE 30 MG/3ML SOLN PRSYR	Formulary Addition		Tier 4	PA
5/1/2023	JAYPIRCA 100 MG TAB	Formulary Addition		Tier 4	PA; QL (60 per 30 days)

Last Updated: 4/10/2023
AFC DIABETES FORMULARY

H5427_23_3001885_I_C
1038984MUSENMUB

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5/1/2023	JAYPIRCA 50 MG TAB	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
5/1/2023	LUMAKRAS 320 MG TAB	Formulary Addition		Tier 4	PA; QL (90 per 30 days)
5/1/2023	LURASIDONE HCL 120 MG TAB	Formulary Addition		Tier 4	QL (30 per 30 days)
5/1/2023	LURASIDONE HCL 20 MG TAB	Formulary Addition		Tier 3	QL (30 per 30 days)
5/1/2023	LURASIDONE HCL 40 MG TAB	Formulary Addition		Tier 3	QL (30 per 30 days)
5/1/2023	LURASIDONE HCL 60 MG TAB	Formulary Addition		Tier 3	QL (30 per 30 days)
5/1/2023	LURASIDONE HCL 80 MG TAB	Formulary Addition		Tier 3	QL (60 per 30 days)
5/1/2023	ORSERDU 345 MG TAB	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
5/1/2023	ORSERDU 86 MG TAB	Formulary Addition		Tier 4	PA; QL (90 per 30 days)
5/1/2023	SUNLENCA 463.5 MG/1.5ML SOLUTION	Formulary Addition		Tier 4	QL (3 per 168 over time)
5/1/2023	BRIVIACT 10 MG TAB	PA removal		Tier 3	QL (60 per 30 days)
5/1/2023	BRIVIACT 10 MG/ML SOLUTION	PA removal		Tier 4	QL (600 per 30 days)
5/1/2023	BRIVIACT 100 MG TAB	PA removal		Tier 4	QL (60 per 30 days)
5/1/2023	BRIVIACT 25 MG TAB	PA removal		Tier 4	QL (60 per 30 days)

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5/1/2023	BRIVIACT 50 MG TAB	PA removal		Tier 4	QL (60 per 30 days)
5/1/2023	BRIVIACT 75 MG TAB	PA removal		Tier 4	QL (60 per 30 days)
5/1/2023	SPRITAM 1000 MG TAB	PA removal		Tier 3	QL (60 per 30 days)
5/1/2023	SPRITAM 250 MG TAB	PA removal		Tier 3	QL (60 per 30 days)
5/1/2023	SPRITAM 500 MG TAB	PA removal		Tier 3	QL (60 per 30 days)
5/1/2023	SPRITAM 750 MG TAB	PA removal		Tier 3	QL (120 per 30 days)
5/1/2023	QUETIAPINE FUMARATE 150 MG TAB	Quantity Limit Increased		Tier 1	QL (150 per 30 days)
5/1/2023	SUBVENITE STARTER KIT-GREEN 84 X 25 MG & 14X100 MG KIT	Tier Change		Tier 3	
5/1/2023	CHATEAL 0.15-30 MG-MCG TAB	Deletion – No longer covered under Medicare Part D	LEVONORGESTREL/ETHINYL ESTRADIOL TAB	Tier 1	
5/1/2023	GIANVI 3-0.02 MG TAB	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
5/1/2023	HEPATAMINE 8 % SOLUTION	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
5/1/2023	PASER 4 GM PACKET	Deletion – No longer covered	Please talk to your health care provider about an alternative that may be right for you		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
		under Medicare Part D			
5/1/2023	ROSADAN 0.75 % CREAM	Deletion – No longer covered under Medicare Part D	METRONIDAZOLE CREAM 0.75%	Tier 2	
5/1/2023	TEKTURNA HCT 150-12.5 MG TAB	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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FREEDOM HEALTH

Formulary Changes- April 2023

The table below outlines formulary changes for the AFC Diabetes Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
4/1/2023	HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	Formulary Addition		Tier 2	B/D PA
4/1/2023	KRAZATI 200 MG TAB	Formulary Addition		Tier 4	PA; QL (180 per 30 days)
4/1/2023	LEUPROLIDE ACETATE 22.5 MG INJECTABLE	Formulary Addition		Tier 3	PA
4/1/2023	LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	Formulary Addition		Tier 5	
4/1/2023	LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	Formulary Addition		Tier 4	PA
4/1/2023	LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	Formulary Addition		Tier 4	PA
4/1/2023	LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	Formulary Addition		Tier 4	PA
4/1/2023	REZLIDHIA 150 MG CAP	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
4/1/2023	ROTARIX SUSPENSION	Formulary Addition		Tier 2	
4/1/2023	SUNLENCA 4 X 300 MG TAB THPK	Formulary Addition		Tier 3	
4/1/2023	SUNLENCA 5 X 300 MG TAB THPK	Formulary Addition		Tier 3	
4/1/2023	JYNNEOS 0.5 ML SUSPENSION	PA change		Tier 2	B/D PA

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4/1/2023	AUBRA 0.1-20 MG-MCG TAB	Deletion - Manufacturer Discontinuation	LEVONORGESTREL/ETHINYL ESTRADIOL TABLET	Tier 1	
4/1/2023	BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
4/1/2023	CRIXIVAN 400 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
4/1/2023	FLURAZEPAM HCL 15 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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FREEDOM HEALTH

Formulary Changes- March 2023

The table below outlines formulary changes for the AFC Diabetes Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
3/1/2023	AUVELITY 45-105 MG TAB ER	Formulary Addition		Tier 3	PA; QL (60 per 30 days)
3/1/2023	CALQUENCE 100 MG TAB	Formulary Addition		Tier 4	PA
3/1/2023	GLEOSTINE 10 MG CAP	Formulary Addition		Tier 3	PA
3/1/2023	GLEOSTINE 100 MG CAP	Formulary Addition		Tier 3	PA
3/1/2023	GLEOSTINE 40 MG CAP	Formulary Addition		Tier 3	PA
3/1/2023	MENEST 2.5 MG TAB	Formulary Addition		Tier 3	PA
3/1/2023	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	Formulary Addition		Tier 2	
3/1/2023	REVLIMID 10 MG CAP	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
3/1/2023	REVLIMID 15 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
3/1/2023	REVLIMID 25 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
3/1/2023	REVLIMID 5 MG CAP	Formulary Addition		Tier 4	PA; QL (150 per 30 days)
3/1/2023	SKYRIZI 180 MG/1.2ML SOLN CART	Formulary Addition		Tier 4	PA; QL (1.2 per 56 days)
3/1/2023	TECVAYLI 153 MG/1.7ML SOLUTION	Formulary Addition		Tier 4	PA

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
3/1/2023	TECVAYLI 30 MG/3ML SOLUTION	Formulary Addition		Tier 4	PA
3/1/2023	TURALIO 125 MG CAP	Formulary Addition		Tier 4	PA; QL (120 per 30 days)
3/1/2023	PRIORIX RECON SUSP	Drug Moved to Lower Tier		Tier 2	
3/1/2023	UBRELVY 50 MG TAB	Quantity Limit Increased		Tier 4	PA; QL (20 per 30 days)
3/1/2023	AFEDITAB CR 60 MG TAB ER 24H	Deletion – No longer covered under Medicare Part D	NIFEDIPINE XR TABLET	Tier 1	
3/1/2023	APO-VARENICLINE 0.5 MG TAB	Deletion – No longer covered under Medicare Part D	VARENICLINE TABLET	Tier 3	
3/1/2023	APO-VARENICLINE 1 MG TAB	Deletion – No longer covered under Medicare Part D	VARENICLINE TABLET	Tier 3	
3/1/2023	CRIXIVAN 200 MG CAP	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
3/1/2023	DIGITEK 125 MCG TAB	Deletion – No longer covered under Medicare Part D	DIGOXIN TABLET	Tier 1	

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FREEDOM HEALTH

Formulary Changes- February 2023

The table below outlines formulary changes for the AFC Diabetes Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2023	BESREMI 500 MCG/ML SOLN PRSYR	Formulary Addition		Tier 4	PA
2/1/2023	FINGOLIMOD HCL 0.5 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2023	HALOETTE 0.12-0.015 MG/24HR RING	Formulary Addition		Tier 3	
2/1/2023	IMBRUVICA 70 MG/ML SUSPENSION	Formulary Addition		Tier 4	PA; QL (216 per 27 days)
2/1/2023	JAVYGTOR 100 MG TAB	Formulary Addition		Tier 4	PA
2/1/2023	JAVYGTOR 500 MG PACKET	Formulary Addition		Tier 4	PA
2/1/2023	JYNNEOS 0.5 ML SUSPENSION	Formulary Addition		Tier 2	
2/1/2023	KETOPROFEN 50 MG CAP	Formulary Addition		Tier 1	
2/1/2023	LENALIDOMIDE 2.5 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2023	LENALIDOMIDE 20 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2023	MENVEO SOLUTION	Formulary Addition		Tier 2	
2/1/2023	MYRBETRIQ 8 MG/ML SRER	Formulary Addition		Tier 3	QL (300 per 30 days)
2/1/2023	ORKAMBI 75-94 MG PACKET	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
2/1/2023	PENCICLOVIR 1 % CREAM	Formulary Addition		Tier 3	QL (5 per 30 days)
2/1/2023	POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION	Formulary Addition		Tier 2	
2/1/2023	PREMPRO 0.3-1.5 MG TAB	Formulary Addition		Tier 3	PA
2/1/2023	RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	Formulary Addition		Tier 2	B/D PA
2/1/2023	RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	Formulary Addition		Tier 2	B/D PA

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2/1/2023	ROFLUMILAST 500 MCG TAB	Formulary Addition		Tier 2	PA; QL (30 per 30 days)
2/1/2023	TAZAROTENE 0.05 % GEL	Formulary Addition		Tier 3	PA
2/1/2023	TAZAROTENE 0.1 % GEL	Formulary Addition		Tier 3	PA
2/1/2023	VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H	Formulary Addition		Tier 3	
2/1/2023	XARELTO 1 MG/ML RECON SUSP	Formulary Addition		Tier 2	QL (600 per 30 days)
2/1/2023	ZONISADE 100 MG/5ML SUSPENSION	Formulary Addition		Tier 3	
2/1/2023	DABIGATRAN ETEXILATE MESYLATE 150 MG CAP	Drug Moved to Lower Tier		Tier 2	QL (60 per 30 days)
2/1/2023	DABIGATRAN ETEXILATE MESYLATE 75 MG CAP	Drug Moved to Lower Tier		Tier 2	QL (60 per 30 days)

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2/1/2023	CAZIAN 0.1/0.125/0.15 -0.025 MG TAB	Deletion – No longer covered under Medicare Part D	VELIVET 0.1/0.125/0.15 - 0.025 MG TAB	Tier 1	
2/1/2023	ROSADAN 0.75 % GEL	Deletion – No longer covered under Medicare Part D	METRONIDAZOLE GEL 0.75%	Tier 2	
2/1/2023	TEKTURNA HCT 150-25 MG TAB	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		

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